

**StormReady Program:
Recognition For Hazardous Weather
Preparedness
APPLICATION FORM**
(April 2001 Version)



County/City/Town: _____
Population: _____

Emergency Management Point of Contact: _____

TITLE: _____

BUSINESS PHONE: _____

Chief Elected Official / Chief Administrator: _____

TITLE: _____

OFFICE PHONE: _____

Location of 24-Hour Warning Point: _____

Location of Emergency Operations Center: _____

NWS Warning Reception

Warning Reception Capabilities and Location (EOC or Warning Point)

NOAA Weather Radio (SAME)	_____	Commercial Wx data provider (i.e. DTN)	_____
SEVAN	_____	PEMA 800 MHz radio	_____
PaStar	_____	Internet Access	_____
CLEAN/NCIC	_____	Commercial Paging system	_____
Television/Cable	_____	Other	_____
Amateur Radio	_____		_____
Local Radio (EAS)	_____		_____

List additional capabilities on a separate sheet if necessary.

Hydrometeorological Data Monitoring

Weather and Water Data Monitoring Capabilities and Location (EOC or Warning Point)

Commercial Wx data provider	_____	EMWIN	_____
IFLOWS	_____	Stream Gages w/telephone access	_____
Local Weather Station/rain gage	_____	Volunteer rainfall/weather spotters	_____
Cable Television/Wx Channel	_____	Internet subscription to weather site	_____
Internet access	_____	Other	_____

List additional capabilities on a separate sheet if necessary.

Warning Dissemination

Dissemination Means

EAS (television/cable/radio)	_____	Auto-dial fax list	_____
Pager system	_____	Reverse 911	_____
Public Safety radio network	_____	Other _____	_____
Telephone calls	_____	_____	_____
Outdoor warning sirens	_____	_____	_____

NWR - SAME Receivers in Publicly-Accessed Facilities: Yes / No *(If yes, attach a listing)*

Local Government Owned Buildings With Public Access

Building	Location	NOAA Wx Radio SAME (Yes / No)	Comments

** Attach Separate Sheet for Additional Space **

Community Preparedness

Number of Annual Safety Talks - Indicate Location, topic and presenter.

1. _____

2. _____

3. _____

4. _____

5. _____

Other Community Preparedness Activities:

List additional talks on a separate sheet if necessary.

Administrative

Formal Hazardous Weather Operations Plan: Yes / No	_____
Spotter Roster And Training Record: Yes / No	_____
Spotter Activation Criteria: Yes / No	_____
Local Warning System(s) Activation Criteria: Yes / No	_____
Last Visit by Emergency Manager to NWS Office:	_____
Last Visit NWS Officials to Community:	_____
Annual Exercise Topic and Date:	_____
Last NWS Spotter Training for Spotters & Dispatchers:	_____
Last NWS Spotter Training Hosted/Co-hosted (For populations >40,000):	_____

Attach any further descriptions, narratives or documentation additional sheets.

Given the requirements for the StormReady recognition program, we feel that we have met and/or exceeded the necessary criteria to qualify for participation.

SUBMITTED BY:

Signed

Title:

Date:

